

RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

- ☒ Declaration submitted with initial filing.
☐ Declaration submitted after initial filing (surcharge required under 37 CFR 1.16 (e)).

As a below named inventor, I hereby declare that:

my residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTIPLE CHANNEL WIRELESS COMMUNICATION SYSTEM

the specification of which

- ☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) 10/22/03 as United States Application No. or PCT International Application No. _____ and was amended on (MM/DD/YYYY) _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN OR PCT INTERNATIONAL APPLICATION(S)

Application Number(s)	Country	Foreign Filing Date MM/DD/YYYY	Priority Claimed	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Serial No.:

PATENT

And I hereby appoint IRELL & MANELLA LLP, 1800 Avenue of the Stars, Suite 900, Los Angeles, California 90067, telephone number (310) 277-1010 (**direct all communications to Rachele Wittwer**) and

<u>Attorney</u>	<u>Reg. No.</u>	<u>Attorney</u>	<u>Reg. No.</u>
Norman E. Brunell	26,533	Benjamin Hattenbach	41,820
Ben Yorks	33,609	Andrei Iancu	41,862
Carol A. Schneider	34,923	Babak Redjaian	42,096
Gary N. Frischling	35,515	Nicola Bird	45,478
Christopher A. Vanderlaan	37,747	Jonathan M. Lindsay	45,810
Kimberley G. Nobles	38,255	Mimi Chiang	46,618
Raj Sardesai	39,825	Julia A. Hodge	46,775
Samuel K. Lu	40,707	Mark Niu	52,075
Lisa Partain	40,763	Weatherwax, Kenneth J.	P54,528
Flavio Rose	40,791		

(all of the same address), and any and all attorneys associated therewith after this date, individually and collectively my attorneys to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent.

INVENTOR's SIGNATURE:				Date:
Inventor's Name: (typed)	Lawrence		Richenstein	US
	First	MI	Family Name	Citizenship
Residence:	Farmingdale, New York			(State/Foreign Country): NY
Mailing Address: (Include Zip Code)	500 Eastern Parkway, Farmingdale NY 11735			

INVENTOR's SIGNATURE:				Date:
Inventor's Name: (typed)	Michael	A.	Dauk	US
	First	MI	Family Name	Citizenship
Residence:	Crystal, Minnesota			(State/Foreign Country): MN
Mailing Address: (Include Zip Code)	5513 Regent Avenue North, Crystal, MN 55429			

INVENTOR's SIGNATURE:				Date:
Inventor's Name: (typed)	Robert	J.	Withoff	US
	First	MI	Family Name	Citizenship
Residence:	Minneapolis, Minnesota			(State/Foreign Country): MN
Mailing Address: (Include Zip Code)	3632 Lindale Avenue South, Minneapolis, MN 55409			